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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33457

BUREAU OF THE CENSUS
FILED NOV 24 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8413

1. PLACE OF DEATH: 1406 N. W. 9 St
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 37 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED: 000
17
6 25
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 1406 N. 9 St.
(e) ~~Foreign born~~ now born in U.S.A. 20 years
MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME STANISLAUS WETZ
3. (b) If veteran, name war _____
3. (c) Social Security No. 707-16-2893

20. DATE OF DEATH: Month 10 day 22
year 1941 hour 4 minute 00 P.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MARCH 30 1865
(Month) (Day) (Year)

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
74 10 17 hr. min.

Immediate cause of death: Coronary Occlusion Chronic Myocarditis
Due to _____
Due to _____

9. Birthplace POLAND
(City, town, or county) (State or foreign country)

Other conditions: 93d
(Include pregnancy within 3 months of death)

10. Usual occupation RAILROAD LABORER
11. Industry or business FRISCO RAILROAD

Major findings: 93c
Of operations _____
Of autopsy _____

MOTHER FATHER
12. Name GOTLIP WETZ
13. Birthplace POLAND
14. Maiden name MARY ANN PASZKOWSKA
15. Birthplace POLAND

Underline the cause to which death should be charged statistically.
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Stanislaus Wetz
(b) Address 4786 Wren Ave
17. (a) Burial (b) Date thereof 10/25/41
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director St. Louis Funeral Home
(b) Address 2205 St. Louis Ave.

23. Signature Alfred Perry (M. D. or other)
Address Capitay Date signed 10/23/41

19. (a) OCT 24 1941 (b) J. F. Bredsch
(Date certified for registration) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

0779

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Welford H. Burnley

Licensed Embalmer No. 4202

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.